

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
CHANGE OF ORG UNIT AND/OR REPORTING RELATIONSHIP REQUEST

Position 1 (complete the following)

Effective Date:				
Position #				
Position Title				
Employee Name				
Employee Personnel #				
CHANGE	FROM	(current)	TO	(future)
Org Unit #				
Org Unit Name				
Supervisor Position #				
Supervisor Position Title				
Supervisor Name				
Supervisor Personnel #				
Comments (Optional)				

Position 2 (complete the following for additional position changes)

Effective Date:				
Position #				
Position Title				
Employee Name				
Employee Personnel #				
CHANGE	FROM	(current)	TO	(future)
Org Unit #				
Org Unit Name				
Supervisor Position #				
Supervisor Position Title				
Supervisor Name				
Supervisor Personnel #				
Comments (Optional)				